

ASSIGNMENT

From: Date: 15/5/18

Estimated Cost:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLC 396

at Workshop m/s Cycle & Carriage Industries

of 188 pandan loop

Insured:

Policy No.

Claims No.

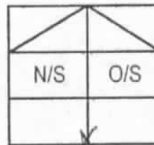
Sum Insured: Excess:

(Client's Record) Morning

Make of Veh: Alan

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up)

Date: Person Contacted: Alan

Vehicle: IN / OUT

Veh No: SLC 396 Yr Regn: 2018 / Feb

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz SLC180 c.c. 1595

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 2415 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD1724312F157022.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/35/18 R: 245/35/18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.I. 15/5/18

Survey held at C&E Pandan Loop.

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time. File Pass to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time. File Return to?

2)

Add Fee:

☐ : Site Insp (\$) \$ + RS. \$

☐ : Interview (\$) Photos

☐ : Tech. Invs (\$) Others

☐ : Weekend (\$)

Report Format :

Lump Sum / I.B.I.: (\$)

TOTAL